

# Wisconsin Medicaid and BadgerCare update

May 2004 • No. 2004-37

Wisconsin Medicaid and BadgerCare Information for Providers

To:

School-Based  
Services  
Providers

HMOs and Other  
Managed Care  
Programs

## Rate Changes for School-Based Services

This *Wisconsin Medicaid and BadgerCare Update* describes changes to the federal share reimbursement rates for school-based services.

### Changes to Federal Share

Effective for claims processed on and after July 1, 2004, the federal share for school-based services will decrease from 61.38 percent to 58.41 percent.

Effective for claims processed on and after October 1, 2004, the federal share for school-based services will decrease again from 58.41 percent to 58.32 percent. Since Wisconsin Medicaid reimburses school-based services (SBS) providers 60 percent of the federal share, this proportionately decreases the Medicaid reimbursement an SBS provider receives and increases the amount the SBS provider is required to obtain from local matching funds. School-Based Services are paid on a fee-for-service basis for HMO enrollees.

### Contracted Rates Remain Unchanged

The contracted rates for school-based services remain unchanged. The contracted rate for nursing services is unchanged but the billing unit shifted from 10-minute to 15-minute increments (effective October 1, 2003). The reimbursement rate has been adjusted accordingly.

The contracted rate is the uniform rate determined by the Department of Health and Family Services and is required by the Medicaid state plan.

### Updated Fee Schedules

Refer to the Attachment of this *Wisconsin Medicaid and BadgerCare Update* for the updated Wisconsin Medicaid fee schedules.

The *Wisconsin Medicaid and BadgerCare Update* is the first source of program policy and billing information for providers.

Although the *Update* refers to Medicaid recipients, all information applies to BadgerCare recipients also.

Wisconsin Medicaid and BadgerCare are administered by the Division of Health Care Financing, Wisconsin Department of Health and Family Services, P.O. Box 309, Madison, WI 53701-0309.

For questions, call Provider Services at (800) 947-9627 or (608) 221-9883 or visit our Web site at [dhfs.wisconsin.gov/medicaid/](http://dhfs.wisconsin.gov/medicaid/).

PHC 1250

# ATTACHMENT

## Wisconsin Medicaid Fee Schedule for School-Based Services

Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

|  |   |
|--|---|
| <b>Procedure Code</b>                    | The procedure code recognized by Wisconsin Medicaid to identify the service provided.             |
| <b>Description</b>                       | A description of the procedure code.  |
| <b>Modifier and Modifier Description</b> | The modifier recognized by Wisconsin Medicaid and the description of the modifier.                |
| <b>Contracted Rate</b>                   | The uniform rate determined by the Division of Health Care Financing (DHCF).                      |
| <b>Reimbursement (federal share)</b>     | The federal share of the contracted rate. This is the amount paid per unit by Wisconsin Medicaid. |

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, and prior authorization).

The preceding information is intended to help providers understand the Wisconsin Medicaid fee schedule. For questions about the fee schedule, providers should contact Provider Services at (800) 947-9627 or (608) 221-9883. For questions about rates, providers should contact the DHCF by writing to:

Policy Analyst  
Division of Health Care Financing  
School-Based Services  
PO Box 309  
Madison WI 53701-0309

**Procedure Codes for School-Based Services on and After October 1, 2003  
(Valid for Dates of Service on and After October 1, 2003)**

| <b>Procedure Code</b>              | <b>Description</b>   | <b>Modifier and Modifier Description</b>                                      | <b>Contracted Rate</b> | <b>Reimbursement (Federal Share) Paid 7/1/04 to 9/30/04</b> | <b>Reimbursement (Federal Share) Paid on and After 10/1/04</b> |
|------------------------------------|--|---|------------------------|---|--|
| 92506 with modifier "TM"           | Evaluation of speech, language, voice, communication, auditory processing, and/or aural rehabilitation status                                      | TM — Individualized education program (IEP)                                   | \$25.22                | \$8.84  | \$8.82   |
| 92507 with modifier "TM"           | Treatment of speech, language, voice, communication, and/or auditory processing disorder (includes aural rehabilitation); individual               | TM — Individualized education program (IEP)                                   | \$25.22                | \$8.84  | \$8.82   |
| 92508 with modifier "TM"           | group, two or more individuals   | TM — Individualized education program (IEP)                                   | \$8.33                 | \$2.92  | \$2.91   |
| 97110 with modifiers "TM" and "GO" | Therapeutic procedure one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | TM — Individualized education program (IEP)                                   | \$21.84                | \$7.65  | \$7.64   |
|                                    |  | GO — Services delivered under an outpatient occupational therapy plan of care |                        |   |  |
| 97150 with modifiers "TM" and "GO" | Therapeutic procedure(s), group (2 or more individuals)  | TM — Individualized education program (IEP)                                   | \$7.20                 | \$7.65  | \$7.64   |
|                                    |  | GO — Services delivered under an outpatient occupational therapy plan of care |                        |   |  |
| 97003 with modifier "TM"           | Occupational therapy evaluation  | TM — Individualized education program (IEP)                                   | \$21.84                | \$7.65  | \$7.64   |
| 97110 with modifiers "TM" and "GP" | Therapeutic procedure one or more areas, each 15 minutes; therapeutic exercises to develop strength and endurance, range of motion and flexibility | TM — Individualized education program (IEP)                                   | \$25.28                | \$8.86  | \$8.85   |
|                                    |  | GP — Services delivered under an outpatient physical therapy plan of care     |                        |   |  |

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|------------------------------------|--|---|------------------------|---|--|
| 97150 with modifiers "TM" and "GP" | Therapeutic procedure(s), group (2 or more individuals)  | TM — Individualized education program (IEP)                               | \$8.35                 | \$2.93  | \$2.92   |
|                                    |  | GP — Services delivered under an outpatient physical therapy plan of care |                        |   |  |
| 97001 with modifier "TM"           | Physical therapy evaluation (per 15 min)   | TM — Individualized education program (IEP)                               | \$25.8                 | \$8.86  | \$8.85   |
| T1024 with modifier "U2"           | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U2 — Individual IEP, psychological service                                | \$22.53                | \$7.90  | \$7.88   |
| T1024 with modifier "U3"           | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U3 — Group IEP, psychological service                                     | \$7.43                 | \$2.60  | \$2.60   |
| T1024 with modifier "U1"           | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U1 — M-team assessment and IEP, psychological service                     | \$22.53                | \$7.90  | \$7.88   |

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|---|--|--|------------------------|---|--|
| <b>Procedure Code</b>   | <b>Description</b>   | <b>Modifier and Modifier Description</b>           | <b>Contracted Rate</b> | <b>Reimbursement (Federal Share) Paid 7/1/04 to 9/30/04</b> | <b>Reimbursement (Federal Share) Paid on and After 10/1/04</b> |
| T1024 with modifier "U5"  | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U5 — Individual IEP, counseling service            | \$21.61                | \$7.57  | \$7.56   |
| T1024 with modifier "U6"  | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U6 — Group IEP, counseling service                 | \$7.13                 | \$2.50  | \$2.49   |
| T1024 with modifier "U4"  | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U4 — M-team assessment and IEP, counseling service | \$21.61                | \$7.57  | \$7.56   |
| T1024 with modifier "U8"  | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U8 — Individual IEP, social work service           | \$21.72                | \$7.61  | \$7.60   |

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|--------------------------|--|---|------------------------|---|--|
| T1024 with modifier "U9" | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U9 — Group IEP, social work service                 | \$7.17                 | \$2.51  | \$2.51   |
| T1024 with modifier "U7" | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | U7 — M-team assessment and IEP, social work service | \$21.72                | \$7.61  | \$7.60   |
| T1002 with modifier "TM" | RN services, up to 15 minutes  | TM — Individualized education program (IEP)         | \$18.21                | \$6.38  | \$6.37   |
| T1003 with modifier "TM" | LPN/LVN services, up to 15 minutes   | TM — Individualized education program (IEP)         | \$18.21                | \$6.38  | \$6.37   |
| T1001 with modifier "TM" | Nursing assessment/evaluation  | TM — Individualized education program (IEP)         | \$18.21                | \$6.38  | \$6.37   |
| T1024 with modifier "UA" | Evaluation and treatment by an integrated, specialty team contracted to provide coordinated care to multiple or severely handicapped children, per encounter (Short description: team evaluation & management) | UA — M-team assessment and IEP, other staff         | \$22.61                | \$7.92  | \$7.91   |

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|--------------------------|--|---|------------------------|---|--|
| E1399 with modifier "TM" | Durable medical equipment, miscellaneous     | TM — Individualized education program (IEP) | Individually priced    | Individually priced   | Individually priced  |
| T2003 with modifier "TM" | Non-emergency transportation; encounter/trip | TM — Individualized education program (IEP) | \$29.34                | \$10.28   | \$10.27  |
| A0425 with modifier "TM" | Ground mileage; per statute mile             | TM — Individualized education program (IEP) | \$3.35                 | \$1.17  | \$1.17   |

**Procedure Codes for School-Based Services Prior to October 1, 2003  
(Not Valid for Dates of Service on and After October 1, 2003)**

| <b>Procedure Code</b> | <b>Description</b>   | <b>Contracted Rate</b> | <b>Reimbursement (Federal Share)<br/>Paid 7/1/04 to 9/30/04</b> |
|-----------------------|--|------------------------|---|
| W6050                 | Individualized Education Program (IEP) speech, language, audiology, and hearing service: individual        | \$25.22                | \$8.84  |
| W6051                 | IEP speech, language, audiology, and hearing service: group  | \$8.33                 | \$2.92  |
| W6052                 | Speech, language, audiology, and hearing service: face-to-face M-team assessment and IEP                   | \$25.22                | \$8.84  |
| W6053                 | IEP occupational therapy service: individual   | \$21.84                | \$7.65  |
| W6054                 | IEP occupational therapy service: group  | \$7.20                 | \$2.52  |
| W6055                 | Occupational therapy: face-to-face IEP team assessment and IEP plan development                            | \$21.84                | \$7.65  |
| W6056                 | IEP physical therapy service: individual   | \$25.28                | \$8.86  |
| W6057                 | IEP physical therapy service: group  | \$8.35                 | \$2.93  |
| W6058                 | Physical therapy: face-to-face IEP team assessment and IEP plan development                                | \$25.28                | \$8.86  |
| W6059                 | IEP psychological service: individual  | \$22.53                | \$7.90  |
| W6060                 | IEP psychological service: group   | \$7.43                 | \$2.60  |
| W6061                 | Psychological service: face-to-face IEP team assessment and IEP plan development                           | \$22.53                | \$7.90  |
| W6062                 | IEP counseling service: individual   | \$21.61                | \$7.57  |
| W6063                 | IEP counseling service: group  | \$7.13                 | \$2.50  |
| W6064                 | Counseling: face-to-face IEP team assessment and IEP plan development                                      | \$21.61                | \$7.57  |
| W6065                 | IEP social work service: individual  | \$21.72                | \$7.61  |
| W6066                 | IEP social work service: group   | \$7.17                 | \$2.51  |
| W6067                 | Social work: face-to-face IEP team assessment and IEP plan development                                     | \$21.72                | \$7.61  |
| W6068                 | IEP nursing service: care and treatment  | \$12.14                | \$4.25  |
| W6069                 | Nursing: face-to-face IEP team assessment and IEP plan development   | \$12.14                | \$4.25  |
| W6070                 | Face-to-face IEP team assessment and IEP plan development: other staff                                     | \$22.61                | \$7.92  |
| W6072                 | Durable medical equipment  | Individually priced    | Individually priced   |
| W6074                 | Special transport, daily base rate (first 20 miles included). Unloaded bus-barn miles cannot be counted.   | \$29.34                | \$10.28   |
| W6075                 | Special transport, per mile rate (for miles over 20-mile base). Unloaded bus-barn miles cannot be counted. | \$3.35                 | \$1.17  |